

OCT-12-06 THU 02:18 PM WOMBLE RTP

FAX NO. 9194842340

P. 01

WOMBLE
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SANDRIDGE
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David S. Bradin

Direct Dial: (919) 484-2382
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FACSIMILE

October 12, 2006 Number of Pages: /6 Please call the following number if the message you receive is incomplete or not legible: (919) 484-2301
C/M 48547.0012.5

To:	Company:	Fax:	Phone:
MS: Non-Pee Amendment	USPTO	1.571-273-8300	

Please see attached.

Thank you,

David S. Bradin

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WCSR_2454357y1

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PTO/SB/07 (05-03)

Approved for use through 04/10/2003. OMB 0651-0031
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Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent Office,
(M/S: Non-Fee Amendment) (571-273-8300) on October 12, 2006.

Date



Signature

Donnie S. Dietrich
Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Serial No. 10/643,319, filed on August 19, 2003.

The following documents are included:

Fax Cover Page (1 page)
Icc Transmittal (1 + 1 cc = 2 pages)
Response/Amendment (8 pages)
Amendment Transmittal letter (1 + 1 cc = 2 pages)
Petition for three month extension of time (1 + 1 cc = 2 pages)
This page (1 page)

Total: 16 pages

Atty. Dkt. No.: M233 1030.1 (48547.0012.5)

This collection of information is required by 37 CFR 1.8. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1.8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patent, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (01-06)

Approved for use through 07/31/2006. OMB 0551-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4818).

FEE TRANSMITTAL
For FY 2006 Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)
510.00

Complete if Known

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OCT 12 2006

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 09-0528 Deposit Account Name: Womble Carlyle

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity

Fee (\$)

Fee (\$)

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims

Extra Claims Fee (\$) Fee Paid (\$)

Multiple Dependent Claims

Fee (\$) Fee Paid (\$)

- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

Fees Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): Petition for Three Month Extension of Time for Small Entity

\$510.00

TRANSMITTED BY

Signature		Registration No. (Attorney/Agent) 37,783	Telephone 919.484.2382
Name (Print/Type)	David S. Bradin		Date October 12, 2006

This collection of information is required by 37 CFR 1.130. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments and suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (01-06)

Approved for use through 07/31/2006. OMB 0651 0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE;

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEET TRANSMITTAL
For FY 2006** Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)
\$10.00**Complete if Known**

Application Number	10/643,319
Filing Date	Aug. 19, 2003
First Named Inventor	RUFF, et al.
Examiner Name	OH, Simon, J.
Art Unit	1618
Attorney Docket No.	M233 1030.1 (48547.0012.5)

**RECEIVED
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OCT 12 2006****METHOD OF PAYMENT** (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: **09-0528** Deposit Account Name: **Womble Carlyle**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

... under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEES CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Small Entity**Fee (\$)**

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)****Multiple Dependent Claims****Fee (\$)** **Fee Paid (\$)**

- 20 or HP - x = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

- 3 or HP - x = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

- 100 - / 50 = (round up to a whole number) x _____ = _____

4. OTHER FEE(S)
Non-English Specification, \$130 fee (no small entity discount)

(Other (e.g., late filing surcharge): Petition for Three Month Extension of Time for Small Entity \$10.00)

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 37,783	Telephone 919.484.2382
Name (Print/Type)	David S. Bratton	Date October 12, 2006	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SCND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Atty. Dkt. No.: M233 1030.1 (48547.0012.5)

In re PATENT application of: RUFF, et al.

Serial No: 10/643,319

Filed: August 19, 2003

Title: COATED DIBASIC CALCIUM PHOSPHATE

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AMENDMENT TRANSMITTAL LETTER

OCT 12 2006

MS: NON-FEE AMENDMENT

Commissioner For Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as shown below.

CLAIMS AS AMENDED					
	Claims after Amend.	Highest Prev. Paid For	Extra	Rate LE/SE	Additional Fee
Total Claims	14	- 20	= 0	X \$50/\$25	= \$0
Indep. Claims	2	- 3	= 0	X \$200/\$100	= \$0
Total Additional Fee for this Amendment = \$0					



No fee is required.

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to our Deposit Account No. 09-0528.

Respectfully submitted,

10/12/06
Date

 David S. Bradin
 Reg. No. 37,783

 Womble Carlyle Sandridge & Rice, PLLC
 P.O. Box 7037
 Atlanta, GA 30357-0037
 (404) 872-7000 (Telephone)
 (404) 888-7490 (Facsimile)

ATLANTA 139412v1

Atty. Dkt. No.: M233 1030.1 (48547.0012.5)

In re PATENT application of: RUFF, et al.

Serial No: 10/643,319

Filed: August 19, 2003

Title: COATED DIBASIC CALCIUM PHOSPHATE

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AMENDMENT TRANSMITTAL LETTER

MS: NON-FEE AMENDMENT

Commissioner For Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as shown below.

CLAIMS AS AMENDED					
	Claims after Amend.	Highest Prev. Paid For	Extra	Rate LE/SE	Additional Fee
Total Claims	14	- 20	= 0	X \$50/\$25	= \$0
Indep. Claims	2	- 3	= 0	X \$200/\$100	= \$0
Total Additional Fee for this Amendment = \$0					



No fee is required.

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to our Deposit Account No. 09-0528.

Respectfully submitted,

10/12/06
Date


 David S. Bradin
 Reg. No. 37,783

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ATLANTA 139412vi

PAGE 8/16 * RCVD AT 10/12/2006 2:22:32 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-5/16 * DNI:2738300 * CSID:9194842340 * DURATION (mm:ss):09:08